

Return this application to:

State Board of Hairdressers
& Cosmetologists
111 St. James Court, Ste A
Frankfort, Kentucky 40601

APPRENTICE COSMETOLOGIST Application for Examination

***NO REFUND OF EXAMINATION FEE**
APPLICANT MUST SIGN FULL NAME, USE NO INITIALS
PLEASE FILL IN ALL BLANKS BELOW

**ATTACH 2 x 2
HEAD SHOT PHOTO
HERE.
NO PAPER COPIES
ACCEPTED! PHOTO
QUALITY ONLY!!**
Date photo was taken: _____

This application must reach the Board Office complete and correct at least ten (10) working days prior to the beginning examination date. Examination fee of **SEVENTY FIVE DOLLARS (\$75.00)** shall accompany this application. Payment must be made in the form of a Money Order, Cashiers Check or Cash (Correct Change Only). No Personal or Business Checks will be accepted!

NOTE -- The applicant is required to provide the following information; make no changes on the printed form; write distinctly with ink. Give full name; use no initials.

EXAMINATIONS GIVEN MONTHLY EXCEPT JULY AND AUGUST. You will be notified of the examination date from this office following the examination deadline.

1. Full Name _____
(First) (Middle) (Maiden) (Last)
2. Current Address _____
(Street Address) (City, State, Zip Code) (County)
3. Social Security # _____ Date of Birth: _____ Phone #: _____
4. I have completed a student course of _____ hours in the _____
_____ and have received my diploma.
(Name of School & Address, City, State & Zip Code)
5. I have passed my student examination on the _____ day of _____, 20_____.
6. Date of Diploma _____ Date Verified _____ by _____
(Signature of Owner/School Rep)
7. Have you been convicted of a felony that has not previously been reported to the Board? ☐ Yes ☐ No
If you answered yes, documentation of felony must be attached to this application for review by the Board.
8. Male _____ Female _____ Signature of Applicant _____

Issuance of Apprentice License: \$25.00 payable after successful completion of the examination.

You must have this application notarized by a Notary Public.

STATE OF _____ COUNTY OF _____

Before me personally appeared _____

Whose signature and photograph are affixed to this application, and made oath and says that all the foregoing statements are true and correct.

Subscribed and sworn before me this _____ day of _____

Notary Public, in and for _____ County, State of _____

NOTARY PUBLIC

Commission Expires _____

ADA POLICY STATEMENT: The Kentucky Board of Hairdressers and Cosmetologists will provide reasonable accommodations in the administering of all licensure examinations for individuals with disabilities who have met the qualifications for examination. The qualified individual with a disability shall submit, to the Board, documentation from an appropriate professional verifying his/her disability.